



FILED

DEC 16 2022

OREGON
SECRETARY OF STATE

For office use only

REGISTRY NUMBER:

52289

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In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.
We must release this information to all parties upon request.

Please Type or Print Legibly in Black ink. Attach additional Sheets if Necessary.

1) CORRESPONDENT NAME:

Brian B. Egan

MAILING ADDRESS:

PO Box 1673, Corvallis OR 97339-1673

2) APPLICANT'S NAME: (Owner: ☐ Individual or ☒ Entity)

Clarity Mediation and Facilitation LLC

ADDRESS:

PO Box 1673, Corvallis OR 97339-1673

3) IF THE APPLICANT IS AN ENTITY, ENTER THE STATE OF FORMATION:

Oregon

4) IF ENTITY IS A PARTNERSHIP, LIST NAMES OF GENERAL PARTNERS:

5) DESCRIPTION OF TRADE OR SERVICE MARK: (Include all words, designs and borders that comprise the mark) (Attach additional page if needed.)

Slogan "Have the kind of conversation that you wish you could have if I were not there."

6) SPECIMEN OF MARK IS REQUIRED: ☒ Attach a drawing or photocopy of the mark as it is actually used to this application.

7) GOODS OR SERVICES WITH WHICH THE MARK IS USED: (Examples of goods are pizzas, shirts; examples of services are serving food and selling clothing.)

Mediation and facilitation services

8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.)

On advertisements, correspondences, webistes, webinars, videos, and other media

9) CLASS NUMBER(S) OF GOODS OR SERVICES: (See form 290-a)

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10) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:

January 1, 2010

11) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:

January 1, 2010

12) EXECUTION:

I, the applicant, own the mark, the mark is in use, and no other person has registered the mark with the federal government or in Oregon or has the right to use the mark or a mark that so resembles the mark as to be likely to cause confusion or mistake or deceive when applied to the goods or services of the other person. I declare under penalties of perjury that this application is true, correct and complete.

(If applicant is an entity, a member of a firm, officer of the corporation, officer of the limited liability company, or officer of an association must sign.)

Signature:

Title:

Founder/Owner

Date:

November 4, 2022



52289

CONTACT NAME: (To resolve questions with this filing.)

Brian B. Egan

PHONE NUMBER: (Include area code.)

+1 (541) 740-0540

FEES

Required Processing Fee \$50.00

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

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